

INSTRUCTIONS FOR APPLICATION FOR HCBS RENT SUBSIDY

Thank you for applying for the Home and Community Based Service Rent Subsidy Program. These instructions are provided to assist you to complete Form 470-3302.

In order to determine eligibility for the applicant IFA must receive a complete application. A complete application includes the following:

- ✓ A completed, signed copy of Form 470-3302
- ✓ Documentation that verifies the applicant's monthly income*
- ✓ Documentation that the applicant has applied to other rental assistance programs available in the community and that it has been determined the applicant was not eligible or was placed on a waiting list**

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1. Place an ☒ or ☐ to designate if the application is a New Application, Annual Renewal or Change of Information.

- **New Application:** Must be submitted if the applicant is not currently receiving rent subsidy or the subsidy has lapsed without renewal. A complete application (Form 470-3302 plus all attachments) must be submitted.
- **Annual Renewal:** The renewal or "redetermination of eligibility" is completed at least once every 12 months to maintain ongoing eligibility for the program. A complete application must be submitted.
- **Change of Information:** Once a applicant receives HCBS rent subsidy, changes in the following must be reported within 10 working days:
 - a) Recipient's name,
 - b) Recipient's address,
 - c) Rent amount,
 - d) Recipient's representative payee and his/her address,
 - e) Income,
 - f) the number of dependent relatives living with recipient,
 - g) Ineligible for Medicaid waiver, or
 - h) Obtained eligibility for any other local, state or federal rent subsidy,When submitting the Change of Information application, list the applicant's first and last name, information that has been changed from the most recent application, printed name, signature, and date of the person submitting the information must be completed.

2. **Applicant Information:** List the information for the applicant.
3. **Income Information for the Next 12 Months:** List either the monthly or annual income for the applicant. Documentation that verifies this amount must be submitted as an attachment.
4. **Rental Unit Information:**
 - a. List the date the applicant moved into the rental unit.

- b. List the total monthly rent for the rental unit.
 - c. List the number of bedrooms specified on the lease. If the number of bedrooms is not listed, put the number of bedrooms that the prudent person would recognize as bedrooms.
 - d. List the number of qualified dependents. A dependent relative may be the applicant's spouse (who is not eligible for supplemental security income), parent or child. The dependent relative must be both financially dependent on the applicant and living with the applicant.
5. **HCBS Waiver Information:** List the date that the applicant entered one of the six HCBS waiver programs. Do NOT list the name of the waiver that the applicant participates in.
6. **Risk of Nursing Facility Placement:** Read the statement and certify that the statement is correct. The case manager, a health care provider, the applicant or the applicant's guardian are examples of individuals qualified to make this determination.

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7. **Case Manager Contact Information:** List the information for the case manager. In the case of the Elderly Waiver, list the name of the primary case manager (DHS or AAA).
8. **Legal Guardian Information:** List the information for the legal guardian (if applicable).
9. **Correspondence Directed To:** Check whether the correspondence regarding HCBS rent subsidy should go to the applicant, the legal guardian, or the case manager. Examples of correspondence include the initial approval or denial letter, renewal notification, change of policy, etc.
10. **Payee Information:** List the information of the representative payee or conservator. If a payee is not listed, the subsidy payment will be sent to the applicant. The payment must be sent to the applicant or his/her legal representative. The subsidy will not be sent to a landlord or service provider, unless that person is also the legal representative.

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11. **Declaration:** Attach the listed documents and read the statement. Sign and date the application, and specify the relationship the applicant has to the person signing the application.
12. **Electronic Funds Transfer Information:**

Beginning January 1, 2005, the HCBS rent subsidy payments will be sent by electronic funds transfer. Electronic funds transfer will replace the paper check that is mailed on a monthly basis.

- a. List the routing transit number for the applicant or the representative payee:
 - i. Must be nine digits.
 - ii. First two digits must be 01 through 12 OR 21 through 32
 - iii. Checking: Listed on your check or deposit slip
 - iv. Savings: Contact your financial institution
- b. List the account number for the checking or savings account
 - i. Can be up to 17 characters (can include both letters and numbers)
 - ii. Include hyphens but omit spaces and special symbols
 - iii. Enter the number from left to right
 - iv. **DO NOT INCLUDE THE CHECK NUMBER!**

Account Holder Name

The diagram shows a check from Jane Q. Smith, 222 NW Glastonbury St, Portland, Oregon 97200. The check number is 1001. The payee line is blank. The bank routing number is 184002763, and the checking account number is 14570720. The check number 1001 is also visible. Annotations include: a green circle around the account holder name, a blue circle around the routing number, a pink circle around the account number, and an orange circle around the check number. A blue box explains that the routing number appears between two symbols. A pink box explains that the account number appears before a symbol. An orange box explains that sometimes the check number appears between the routing and account numbers and should not be included.

Bank Routing Number **Checking Account Number** 1001

184002763 14570720 1001

The Routing Number appears between these symbols.

The Account Number appears before this symbol

Bank Routing Number **Checking Account Number** 1001

184002763 1001 14570720

Sometimes the check number appears between the routing and account numbers. **DO NOT INCLUDE IT**

You **may** include a **voided** copy of a check or deposit slip with the application. This is not required.

Attachments to Form 470-3302

*** Documentation that verifies the applicant's monthly income:** Examples include Social security letter, pay stubs from last month, bank statements. If amounts differ from amount listed on Form 470-3302, explain why (reduced # of work hours, pension ended, etc.)

**** Documentation that the applicant has applied to other rental assistance programs** available in the community and that it has been determined the applicant was not eligible or was placed on a waiting list: Examples include letter from Public Housing Authority (PHA) stating that applicant is on waiting list, letter from PHA that family (household) is ineligible, notice from PHA that waiting list is closed (initial and date). If waiting list opens the applicant or their representative is expected to submit an application during that time period the PHA accepts applications.

If renewing application for HCBS rent subsidy, the following serves as proof that you are attempting to obtain another type of rent subsidy:

1. Copies of ongoing correspondence with the PHA (within the last year)
2. Notice from PHA that you have been placed on a waiting list with the approximate wait time provided
 - a. Call during annual renewal to determine if you (your family) remains on the waiting list
 - b. Note the answer, whom you spoke to, date and time of call and attach to copy of wait list letter
 - c. If you find you have been dropped from wait list, reapply for rent subsidy
3. Notice from PHA that waiting list is closed (initial and date)

PLEASE NOTE: If the applicant obtains eligibility for any other local, state or federal rent subsidy, IFA must be notified within 10 working days. The HCBS rent subsidy is a temporary subsidy is only available to the applicant until such time that the applicant becomes eligible for any other local, state or federal rent subsidy.